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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Carol S. Luedecke

Title: RECEPTACLE

Appl. No.: 10/057,392

Filing Date: 01/25/2002

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.	
<u>PAMELA ANN TOLPE</u>	(Printed Name)
<u>Pamela Ann Tolpe</u>	(Signature)
<u>June 28, 2002</u>	(Date of Deposit)

TRANSMITTAL OF MISSING PARTS  
OF PATENT APPLICATION

Commissioner for Patents  
Washington, D.C. 20231

Attn: BOX MISSING PARTS

Sir:

In response to the Notice to File Missing Parts of Application mailed on 03/01/2002, in the above-identified application, transmitted herewith are the missing parts needed to complete the filing of the subject patent application.

Enclosed are:

[ X ] Declaration and Power of Attorney (3 separately  
executed copies, 4 pages each)

[ X ] Return Copy of Notice to File Missing Parts

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	9	- 20	= 0	x \$18.00	= \$0.00
Independents:	2	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+	\$280.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late payment of filing fee			+	\$130.00	= \$130.00
2 Month Extension Fee			+	\$400.00	= \$400.00
				SUBTOTAL:	= \$1270.00
[ X ] Small Entity Fees Apply (subtract 1/2 of above):					= \$635.00
				TOTAL FILING FEE:	= \$635.00

07/10/2002 HDEHES1 00000047 10057392

01 FC:201	370.00 OP
02 FC:205	65.00 OP
03 FC:216	200.00 OP

Difference to pay:

TOTAL FEE	=	<u>\$635.00</u>
\$0.00	-	<u>\$635.00</u>

[ X ] Check in the amount of \$635.00 in payment of  
surcharge fee (37 C.F.R. § 1.16(e))

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Respectfully submitted,

Date

6-28-02

By

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